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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	}	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
10/551,836 07/21/2006 Mats Lindgren OPCON.830001.US0 6180 TITLE OF INVENTION: A DOUBLE SCRIEW COMPRESSOR FOR SUPPLYING GAS								
APPLN. TYPE	SMALL ENTITY	issue fee due	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE	. TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	S755	\$300	\$0		\$1055	03/12/2009	
EXAMI	INER	ART UNIT	CLASS-SUBCLASS					
TRIEU, THERESA		3748	418-201100	_				
Address form PTO/SB "Fee Address" indi PTO/SB/47; Rev 03-0. Number is required. 3. ASSIGNEE NAME A PLEASE NOTE: Unit recordation as set forth (A) NAME OF ASSIC	ondence address (or Cha /122) attached. cation (or "Fee Address 2 or more recent) attach ND RESIDENCE DAT/ ess an assignee is ident in 37 CFR 3.11. Comp	nge of Correspondence "Indication form ed. Use of a Customer A TO BE PRINTED ON This ified below, no assignee	(1) the names of up to or agents OR, alternation (2) the name of a sing registered attorney or 2 registered patent attelisted, no name will be THE PATENT (print or ty data will appear on the I a substitute for filing an (B) RESIDENCE: (CIT)	the names of up to 3 registered patent attorneys conts OR, alternatively, the name of a single firm (having as a member a tered attorney or agent) and the names of up to istered patent attorneys or agents. If no name is d, no name will be printed. TENT (print or type) 1 appear on the patent. If an assignee is identified below, the document has been filed for titule for filing an assignment. SIDENCE: (CITY and STATE OR COUNTRY)				
Opcon Autoro	otor AB	Saltsjo-boo, Sweden						
Please check the appropri	ate assignee category or	categories (will not be pr	inted on the patent):	Individual 🚨 Co	rporati	on or other private gro	up entity Government	
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